

Travel voucher information for:

NAME____Mike Cirian____

DEPARTURE

Date/time: ____4/16/15____

From: ☒ Residence ☐ Office

Transportation to airport (DIA) from Downtown

Taxi _____

Other _____

POV mileage ____105____

Airline ticket purchase

☐ GovTrip ☐ Other booking

ARRIVAL

Hotel reservations

☐ GovTrip ☐ Other booking

Car rental

☐ GovTrip ☐ Other booking

RETURN

Date/time: ____4/16/15____

To: ☒ Residence ☐ Office

Transportation from airport to home

Taxi _____

Other _____

POV mileage ____105____

Airport parking _____

OTHER EXPENSES

(Attach receipts or write amount if less than \$75)

☐ Local parking

☐ Local parking

☐ ATM use

☐ Tolls

☐ Rental car gas

☐ Other expenses
(please describe and indicate amount)

All day trip to Kalispell for the Columbia Falls
Aluminum Facility meeting with the City
Manager and the Flathead Valley Health Board.

210 Miles round trip.